FOR BOARD USE ONLY County ID#Ballot #			Lake Cou	Absentee Ballot Application Lake County Board of Elections 105 Main St. print clearly		
Pct	Split	Date:	' ' '			
				e, OH 44077	Phone:44	0 350 2700
Voter Name Required		First			Middle	
	1	Last		;	Suffix	
Date of Birth Required	2	Date of Birth (do no	ot write today's date here)		MM/DD/YYYY	
Address at Whi you are Registe to Vote Required		Street Address (no	P.O. boxes)		County	
	3	City/Village			ZIP	
Mailing Address Required only if you wish		Street Address (or	P.O. box)			
have your ballot mailed to a different address than the address at which you're registered to vote.	4					
		State	ZIP			
Identification Required		☐ Your Ohio driver's license number (2 letters followed by 6 numbers)OR				
You must provide ONE of the	e	☐ Last four digits of your Social Security number				
fallawing.	5	Copy of a current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck or other government document (other than a notice of voter registration mailed by a board of elections) that contains your name and current address.				
Election		Date of Election (do not write today's date here)				MM/DD/YYYY
Required You must complete a separate application for each election.		☐ General Elect	tion 🗌 Specia	I Election		
		☐ Primary Election For a PARTISAN primary election only, you must choose the type of ballot:				
		☐ Political	party ballot Name of P	olitical Party		sues only ballot
Affirmation Required		∞ I wish to have a	n absentee ballot mailed	to me at the address	listed above.	
Required		∞ I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day if by mail or by 2 p.m. the day before the election if in person.				
		∑ I understand that if an absentee ballot is mailed to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after Election Day.				
	7	∞ I understand that, if I do not provide the required information, my application cannot be processed.				
		$^{\infty}$ I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.				
		Signature X				
		Today's Date				MM/DD/YYYY

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide the following information.

Telephone Number_____ E-mail Address____